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**Hip Arthroscopy Rehabilitation
Labral Debridement with or without FAI Component**

General Guidelines:

- Normalize gait pattern with brace and crutches
- Weight-bearing 20 pounds
- Continuous Passive Motion Machine
 - 4 hours/day or 2 hours if on stationary bike for 2 bouts of 20-30 minute sessions

Physical Therapy Frequency:

- Seen post-op Day 1
- Seen 2x/week for first month
- Seen 2x/week for second month
- Seen 2-3x/week for third month
- Seen 1-2x /week for fourth month

Milestone Goals:

- Increase range of motion
- Strengthening
- Decrease/prevent hip flexor tendinitis

Precautions following Hip Arthroscopy/FAI: (Debridement/Osteochondroplasty)

- Weight-bearing will be determined by procedure
- Hip flexors tendonitis
- Trochanteric bursitis

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- Synovitis
- Manage scarring around portal sites
- Increase range of motion focusing on rotation and flexion

Guidelines:

• **Weeks 0-2**

- CPM for 4 hours/day
- Bike for 20-30 minutes/day (can be 2x/day)
- Scar massage
- Hip PROM as tolerated
- Supine hip log rolling for rotation
- Bent Knee Fall Outs
- Hip isometrics - NO FLEXION
 - ABD/ADD/EXT/ER/IR
- Pelvic tilts
- Supine bridges
- NMES to quads with SAQ with pelvic tilt
- Stool rotations /prone rotations
- Stool stretch for hip flexors and adductors
- Quadruped rocking for hip flexion
- Sustained stretching for psoas with cryotherapy (2 pillows under hips)
- Gait training PWB with bilateral crutches

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- Modalities
- **Weeks 2-4**
 - Continue with previous therex
 - Progress Weight-bearing
 - Wean off crutches (2 → 1 → 0) when gait is normalized
 - Progress with hip ROM
 - External Rotation with FABER
 - BAPS rotations in standing
 - Hip flexor and ITB – manual and self
 - Glut/piriformis stretch
 - Progress core strengthening (avoid hip flexor tendonitis)
 - Progress with hip strengthening – isotonics all directions except flexion
 - Start isometric sub max pain free hip flexion(3-4 wks)
 - Step downs
 - Clam shells → isometric side-lying hip abduction (may be done in supine position with Theraband if side lying is painful)
 - Hip hiking (week 4)
 - Begin proprioception/balance training
 - Balance boards, single leg stance
 - Bike / Elliptical
 - Scar massage

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- Bilateral Cable column rotations
- Aqua therapy in low end of water (no treading water) if available
- **Weeks 4-8**
 - Elliptical
 - Continue with previous therex. Progress bike time and resistance.
 - Progress with ROM
 - Hip Joint mobs with mobilization belt into limited joint range of motion
 - Lateral and inferior with rotation
 - Prone posterior-anterior glides with rotation
 - Hip flexor and It-band Stretching – manual and self
 - Progress strengthening LE
 - Introduce hip flexion isotonics (Be aware of hip flexion tendonitis)
 - Multi-hip machine (open/closed chain)
 - Leg press (bilateral → unilateral)
 - Isokinetics: knee flexion/extension
 - Progress core strengthening (avoid hip flexor tendonitis)
 - Prone/side planks
 - Progress with proprioception/balance
 - Bilateral → unilateral → foam → dynadisc
 - Progress cable column rotations –unilateral →foam
 - Side stepping with theraband

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- Hip hiking on Stairmaster
- Treadmill side stepping from level surface holding on → inclines (week 4) when gluteus medius is with good strength
- **Weeks 8-12**
 - Progressive hip ROM
 - Progressive LE and core strengthening
 - Endurance activities around the hip
 - Dynamic balance activities
 - Begin light plyometrics
- **Weeks 12-16**
 - Progressive LE and core strengthening
 - Plyometrics
 - Treadmill running program
 - Sport specific agility drills
- **3,6,12 months Re-Evaluate (Criteria for discharge)**
 - Hip Outcome Score (any minimal score)
 - Pain free or at least a manageable level of discomfort
 - MMT within 10 percent of uninvolved LE
 - Biodex test of Quadriceps and Hamstrings peak torque within 15 percent of uninvolved
 - Single leg cross-over triple hop for distance:
 - Score of less than 85% are considered abnormal for male and female

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– Step down Test